

**New Service/Membership Application**

*Current, valid government issued picture ID required for all applicants.*

*A deposit may be required to establish service.*

Date to start new service: \_\_\_\_\_

New service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Primary telephone: \_\_\_\_\_ Secondary telephone: \_\_\_\_\_

Mailing address: *(if different from above)* \_\_\_\_\_

If there is security lighting at this location, the light(s) should:    Remain on     Be turned off

**Single Applicant**

**Joint Applicant**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Previous address: \_\_\_\_\_

Previous address: \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Office Use Only**

New customer account number: \_\_\_\_\_

Security deposit required

Security deposit is not required

Membership card completed

Application taken by: \_\_\_\_\_